

**ADEM
MANUAL INTERSTITIAL MONITORING
MONTHLY LOG FOR YEAR _____**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

Owner Information

Facility Name:	Owner:
Address:	Address:
City, County, Zip Code:	City, State, Zip Code:
Facility I.D. Number:	Phone Number:

Tank System Information

Unique Tank Number:	Type of Product in Tank:
Tank Size:	Double Wall Piping, circle one: (Yes) (No)
Tank Material, circle one: (Steel) (Fiberglass)	Piping Material, circle one: (Steel) (Plastic) (Fiberglass)

INTERSTITIAL MONITORING LOG

☒ For Sumps and Tank Interstitial Space (if applicable): Designate "P" for product, "W" for water, "P" and "W" for both, and "D" for dry.

☐ If "P" or "W" or both are indicated, include depth of each in inches.

Month	Date Monitored	Monitor's Initials	Tank Interstitial Space	Piping Sump #1	Piping Sump #2 (if applicable)	Dispenser Sump (if applicable)
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

Date of any Repairs or Tightness Tests	Description of any Repairs or Tightness Tests

Comments

(Include information on liquid removal and disposal from sumps, if applicable.)
